mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

20. FILED 6 - 4 - 1933

CAUSE OF DEATH in plain terms, so that it may be

	MARYLAND-	CERTIFICATE OF DEATH 06039	
1. PLACE OF DEATH	-	3	
County Charleys		Registration Dist. No.	
Village or City	rrn	No. St. Wa	ard
		f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence In city or town where death	occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Still!	Immone	we	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
m	or orrorced (which the word)	(Month) (Day) (Year)	
5e. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceesed fr	rom
And de la contraction of the con	-4-33		
6. DATE OF BIRTH (month, day, and year)		I lest saw h; deeth is s	seid
7. AGE Years Months	Days If LESS then 1 day,hrs.	to heve occurred on the date stated above, etm.	
Annaham direc	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:	-at
8. Trade, profession, or particular kind of work done, as SPINNER.			
SAWYER, BOOKKEEPER, etc.	~~~~~	Luckenson	
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LES 1 day, or 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date decessed last worked at this occupation (month and spent in this			
1D. Date deceesed last worked at this occupation (month and	11 Total time (years)		/
this occupation (month and year)	spent in this occupation		
0 1	P Occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
1 14 4 4 4			
13. NAME 14. BIRTHPLACE (city or town)	mylle		
	A	Name of operation Date of	
(Stete or country)		What test confirmed diegnosis? Was there en autopsy?	
15. MAIDEN NAME	142742	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	24. 11	Accident, suicide, or homicide? Date of injury19	
(Stete or country)	71	Where did injury occur?	
17. INFORMANT A LA CAMPANT (Address)	my fine	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	1	Menner of Injury	
Place Dead Francisco	ete. 4 - , 19.3.7.	Nature of injury	
19. UNDERTAKER M. G. B.	might	24. Was disease or injury In any way releted to occupation of decessed?	
	/ 1/		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street ear 1 week ago 1921 Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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•	PLA	pluc	F D	ery
) i con rec :	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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1	. PLACE OF	DEAT	гн	1 1/11/11		(167)	
	County						106
	Village or Ci	ty	Indian He	ad		No	_St.,Ward
	Length of resid	dence in cit	ly or town where d	eath occurred	(lf yrsmos	No. death occurred in a horpital or institution, give its NAME instead ofds. How long in U.S. if of foreign birth?yrs.	street and number)ds.
2	. FULL NA	ME	Gordon W	. Circle			
	(a) Resident	e: No	Ind	an Head,	Md • of abode)	St., Ward. If nonresident give city or	town and State
	PERSON	AL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. 5	Male		n or race Thite	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 11 (Month) (Day)	, 193 3 (Year)
5a.	If married, widow HUSBAND of	ed, or divo	rced			22. HEREBY CERTIFY, That I	
	(or) WIFE of						
6. I	DATE OF BIRTH (month, day	, and yeer)	/19	901	I last saw h elive on	
7. /	AGE Yeer	rs	Months	Days	If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, at	
	32	?			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	Date of onset
NO	8. Trede, profes kind of w	sion, or pe ork done,	rticular es SPINNER, PER, etc	Unknown	1	Suicide at Indian Head, Md.	
OCCUPATION	Industry or t	ni senisuo	which			Gunshot wound of chest, perfo	
UP,	work was	done, es S L, BANK, e	ILK MILL,			ating heart.	
000	10. Dete deceese		ked at oth and	sper	ime (yeers) nt in this upation		
12.	BIRTHPLACE (cit (Stete or coun		U	nknown		Other Contributory Causes of Importence: Hemorrhage and Shock	
ER	13. NAME						
FATHER	14. BIRTHPLACE	(city or to	wn) T	nknown		Name of operation	
!	(Stete or		,			What test confirmed diegnosis? Was	
ER	15. MAIDEN NA	ME				23. If deeth wes due to external ceuses (VIOL ENCE) fill in elso the	e following:
MOTHER	16. BIRTHPLACE (State or		wn)	inknown		Accident, suicide, or homicide? Dete of inju	
17.	INFORMANT(Address)				••••	(Specify city or town, coun Specify whether injury occurred In INDUSTRY, In HOME, or in P	ty and State) UBLIC PLACE.
18.	BURIAL, CREMAT			d _{Date} Jun	ne 12 ₁₉ 33	Menner of injury	
10	UNDERTAKER	Nor	val K. T	abler		24. Was disease or injury in engages releted to occupation of dec	
13.	(Address)	9	28 M St.	N. W.		If so, specify	1
20,	FILED	, 1	9		Registrar.	(Signed) (Address) Reliance Const	ner De

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephroits	1921	Run over by street car	1 week ago
Cerebral hemorrhage 8	July 5,1927	Peritonitis	3 days ago
TO DEFEND	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
180018			

V. S. No. 1 N. B.—V

STATE OF	MARYLAND—CERTIFICATE	OF DEATH	06040
DEATH	36 ⁰⁰ 000		

County Charles Registration Dist. No.	े ं
registration Dist. No.	
Village or City La Plata No. St.	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrsds How long in U.S. if of foreign birth?yrs	nosds.
2. FULL NAME James Wilhin ford	
(a) Residence: No. Wellenne Post Affice St., Ward. (Usual place of abode) (Usual place of abode) If nonresident give city or town an	J State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	n State
3. SEX 4. COLOR OR RACE, 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH	
male Black OR DIVORCED (write the word)	., 193_3
5a. If married, widowed, or divorced (Month) (Day)	(Year)
HUSBAND OF Besser Ford 22. I HEREBY CERTIFY, That I attended	
, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days If LESS than to have occurred on the date stated above at months Days Days	; death Is sald
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular Residential description of particular	Data of onset
kind of work done, as SPINNER, Farm Labour	
9. Industry or business in which	
SAW MILL, BANK, etc.	
and occupation (month and	
year) - year occupation W Other Contributors Causes of in Nortanca:	
12. BIRTHPLACE (city or town) (State or country)	
	-
What test confirmed diagnosis? Was there an	
23. If death was due to external causes (VIOLENCE) fill in also the following	1 / 27
16. BIRTHPLACE (city/or town) Accident, suicide, or homicide? Accident Date of injury of State of Country Charles Country Where did injury opens	, 19
(Specify city or town, county and Sta	te)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Fell Home Light	
Placa Varion Ballet Date Ame 12, 1933 Nature of Injury Drywned	
19, UNDERTAKER Jenna Cean 24. Was disease or Injury in any way related to occupation of deceased?	no
(Address) La Plane net If so, specify	
20, FILED Simelly 1933 & allia Pose - (Signed) If I dee Seich acting &	ronomb.
Registrar. (Address) La Plala, Mel,	

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Example 1	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 四 二 ż

item of infor-

of OCCUPA-

STATE OF	MARYLA	AND-CERTI	FICATE	OF	DEATH	06041
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1. PLACE OF	EATH	And Name and A	(83)	
County	11101 Te9		Registration Dist. No. / C	
Village or City_	Tompkinsvi		ND. St., / f death occurred in a hospital or institution, give its NAME instead of street and numl	Ward
Length of residence	e in city or town where		sds. How long in U.S. if of foreign birth?yrsmos	
*	0	0	unl	
2. FULL NAME	Been	and all	Carl	
(a) Residence:	No. 1350	(Ushal place of abode) W	Ward. If nonresident give city or town and State	
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4.	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Mole	White	OR DIVORCED (write the word)	6 - 30 ,19	3.3
Sa. If married, widowed, o	r divorced	W CPI WILL	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Z	L	22. I HEREBY CERTIFY, That I attended dece	ased from
(Or) WIFE OF	ine	ma	, 19, to	19
6. DATE OF BIRTH (mon	th day and year)	u de novon	I last saw h alive on	
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at	
44		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	0		were as follows:	ate of onse
8. Trade, profession kind of work	, or particular done, as SPINNER,	none	10 + 10	
SAWYER, BOI	KKEEPER, etc		accidental ornoring	
work was don	e, as SILK MILL, ANK, etc.		- James of a second	
SAW MILL, B. 10. Date deceased la this occupatio		11 Total time (years)	In Calling when to wich	
this occupation	n (month and	11. Total time (years) spent in this occupation	hus death	
1 - year)	1	Ocsupation	Dther Coutributory Causes of importance:	
12. BIRTHPLACE (city or	town)	sh, AC	*	
(State or country)	0 3	9		
13. NAME	my or	Jalen		
14. BIRTHPLACE cit	v or town)	0	Name of operation Date of	
(State or cour		returns	What test confirmed diagnosis? Was there an au'o	osv?
15. MAIDEN NAME	Colema	abbel	23. If death was due to external causes (VIDLENCE) fill in also the following:	
		200		10
16. BIRTHPLACE (city		(A)	Accident, suicide, or homicide? Date of injury	, 19
- 1 (State of cou	nay)	9-	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	your	o onen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	Shouth	on while		
18. BURIAL, CREMATION	DR REMDVAL	1	Manner of injury	
Place Wa	المرابعة	Date June 30, 1932	Nature of injury	
7	1.7Jan	- Dalton 11	24. Was disease or injury in any way related to occupation of deceased?	20
19. UNDEKTAKEK	3619-15		If so, specify	
(100100)		~ 6 dL. n.	The total and a second	10
20. FILED. 6 -30	19.00	Ja 5 Trugano	(Signed)	NJ.
		Registrar.	(Address)	~

If more blanks are needed, åddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE			ILAND	3	4
County	Charles			Registration Dist. No. (50)	
Village Dr Length of re	City White	Plan death occurred	()i	ND. St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	_War) d
2. FULL NA (a) Reside	C 0 h	roin H	all and	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RfED, WfDOWED, D (write the word)	21. DATE OF DEATH ((Month) (Day) (Y)	S ear)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced		0	22. I HEREBY CERTIFY, That I attended decease	ed fro
6. DATE OF BIRTH	f (month, day, and year)	me 10	- 1933	, f9, t0, 19 I last saw h alive on, f9; death	
	aars Months	Days	If LESS than f day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onse
SAWYE	fession, or particular i work dona, as SPINNER, ER, BDOKKEEPER, etc r businass In which vas done, as SILK MILL, IILL, BANK, etc			no Physician	
year) _	ased last worked at cupation (month and city or town)	spa	ime (years) nt in this upation	Dther Contributory Causes of Importance:	
(State or co	allman	Hall			
H f4. BIRTHPLA	CE (city or town)Clnc or country)	iles le	md-	Name of operation Data of What test confirmed diagnosis? Was there an aulopsyl	7
	()	Jols ules en ma	9n)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
(Address)	ATION, OR REMOVAL	Date	,1933	Manner of injury	
19. UNDERTAKER (Address)	Jellman meller 1033° L	Jole Plan	2	24. Was diseasa or injury In any way related to occupation of deceased? If so, specify (Signed) Pullum Poly Rec	(м.
			Registrar.	(Address) Levellette mel I	U

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of residence in city or town where death occurred (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month (Day) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of ., 19....., to....., 19... .3 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the data stated above, at ... 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. were as follows: Date of onset 8. Trade, profession, or particular ON kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc OCCUPAT Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation_ 14. BIRTHPLACE (city or (State or country What test confirmed diagnosis?_. Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury 9-193 Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

(Address) ___

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	The state of
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL (8 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U6044
1. PLACE OF DEATH	
county - Clearland	Registration Dist. No. 106
Village or City Pomonley (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MONICLE Hung	erford
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Corn WIFE of Lames Hunderford	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sec. 1845	I last saw her alive on 190, to 27, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date-stated above, atm.
87 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were 39 follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	teriled appliagy.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupating (month and	Clus, Cardiac Buce
p = Spoint in this	
year) occupation Oper	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Tongame Catter. 14. BIRTHPLACE (city of town) Wastimuland C.,	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Carrex Thenhung (Address) Portugues (Address)	(Specify city or town, county and State) Specify whether injury occurred In-UNDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Paranters My Chate July 1, 1933	Nature of injury.
19. UNDERTAKER John J. Brille	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Commenter Md	If so, specify
20. FILED June 7, 1933 Mangle W. Chul. Registrer.	(Signed) (Address) Markey M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. Mg. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6045
1. PLACE OF DEATH	1701
County Clearles	Registration Dist. No.
Village or City for Tolders Creek	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?
2. FULL NAME Eve Cecelia, Jacks	The long in C. C. ii of Foreign Diffit:
) 0 0 6/1/6	CA Ward
(a) Residence: No. Welcome (fort Office of gbode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
A. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 31, 19 15	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
17 7 10 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onsat
Kind of work done, as SPINNER, House work	accidental Wrowning
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decoased last worked at 11. Total time (years)	
this occupation (month and year) this depend in this wife occupation occupation	Division of Marketine
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Introtances
(State or aduntry) Charles Conney Md	0, (10)
13. NAME Jackson Jackson 14. BIRTHPLACE (city or town)	1 1 10 jr 1
14. BIRTHPLACE (city or town)	Name of operation
(State or country) / harles (bring) // hd	What tost confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lucy Multhering	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? A Coldent Dato of injury of 1 1933 Where did injury occur? Port Johnson Creek Charle C. Ma
11:0lie Jackson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT MALLEL AMERICAN (Address) Malerme, Mil	In hartise blace
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Fell from Bont
Place of albanes Date and 3, 1933	Nature of Injury Downed,
19. UNDERTAKER James Q. Penns (Address)	24. Was disoase or injury in any way related to occupation of deceased?
20. FILED me 13, 1933 Rillian Posly	(Signed) of Notes Peich, acting Coroners, p.
If more blanks are needed, address State Registral	24TY N Charles Street Religionary Proposition 91 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	06046
DEATH		

1. PLACE OF DEATH		(83)
County Clearl	ea	Registration Dist. No. / 50
Village or City ford John	seco Creek	NoSt.,
Length of residence in vity or town where		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in ally of town where	e deeth occurred yrs mos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Joseful	seo Jacky	m
(a) Residence: No. Mell	come Post Offe	eest., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mare Island	I single	(Month) (Day) (Yea
5e. If merried, widowed, or divorced HUSBAND of		22. I HER EBY CERTIFY That Lettended decreased
(or) WIFE of		
7	=1 1- 1907	, 19, to
7. AGE Yeers Months	Days If LESS then	I lest sew h alive on, 19; deeth is
21 4	1 dey,hrs.	to have occurred on the dete steted ebove, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
26 1 7	ormin.	were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tarmer	Escadentel drowning
		· · · · · · · · · · · · · · · · · · ·
Mork wes done, as SILK MILL, SAW MILL, BANK, etc.	tarm	
Date deceased lest worked at	11. Total time (years)	
this occupation (month and year)	3 spent in this occupation	
	0	Other Contributory Causes of Infortence:
(Stete or country)	Court mil	0/18
13. NAME Johns Jose	he and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E	pasy-	
(Stete or country)	Tearly mad	Name of operation Date of
	ha the	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Out /	Mauneure.	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Succes	1 1 mg	Accident, suicide, or homicide?
(State or country)	ulg co. Ma.	Where did injury occur? Port Vetaces Creek Chicke Co
17. INFORMANT Wallie Ja	chan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	e ma.	fullic places
18. BURIAL, CREMATION, OR REMOVAL	- James 134 .33	Manner of injury tell from Wast
Place St. Carrier	Dete bone 15 ,1933	Neture of Injury Answered
19. UNDERTAKER Henry a.	Penn	24. Wes disease or Injury In any wey related to occupetion of deceesed? 200
(Address) La Plus	u md-	If so, specify
20. FILED June 12 1933 de	Sellen Woody	(Signed) P. Jose Perch acting Como
	Registrar	(Address) - La Plata - Maland
If more	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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()	em of	pluods
	Every it	IANS
D	RECORD.	PHYSIC
NDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
ARGIN RESERVED FOR BINDING	S IS A PE	stated E
ERVED	K-THIS	should be
N KES	OING IN	AGE 8
ARGI	UNFAI	supplied.
	, WITH	refully
D	PLAINLY	hould be ca
D	-WRITE	mation s.

V. S. No. N. B.- CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (1604)
1. PLACE OF DEATH	
County Charles	Registration Dist. No. / 00
Village or City Port Tobacco Creek	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) nos
2. FULL NAME MARY Elizabett La	chson
(a) Residence: No. Wikeome Post Office	St. Ward.
Usual place of ab de	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Sexuale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Oct. 1, 1901	1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, atm,
31 8 10 1 day,hr	ware se follows.
8. Trada, profession, or particular kind of work done, as SPINNER, Hours mail	accidental drawning Date of onest
SAWYER, BDOKKEPER, etc. 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	in the second
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and yaar) 10/33 spent in this occupation	Dther Contributory Cause of //mportance:
12. BIRTHPLACE (city or town)	Dries Contractory Caste Il Milportance.
(State or country) Charles County, Md,	- 101 0
13. NAME John Jackson	
13. NAME ackson 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Let Multhers 16. BIRTHPLACE (city or town) pl	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Assall of Date of injury from 11, 10, 113
11.000	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	In hublic hlace
18. BURIAL, CREMATION, DR REMDVAL	Manner of Injury Fell Sourm breat
Place I ditulines Date and 3 , 193	3. Nature of injury Drofwned
19. UNDERTAKER Henry a. Penn	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) a flage nd-	If so, spacify
20. FILED Melt 1933 To illiam Mosle	(Signed) If It offee Teach acting Compose
Registrar	(Address) F. Puta. M.

If more blanks are needed, address State Registrary 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING certificate. B.—WRITE PLAINLY, WITH UNFADING INK-THIS ARGIN RESERVED be AGE should be Je CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important.

STATE OF MARTLAND	CERTIFICATE OF DEATH	0048
1. PLACE OF DEATH	(158)	
county Charles	Registration Dist. No.	100
Village or City new La Plate my	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street a	and number)
Length of residence In city or town where death occurredyrs	ds. Hew long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Mayy elnora	Lev	
(a) Residence: No. dufful my (Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav)	, 193 <u>3</u>
5a. If married, widowed, or divorced HU3BANO of		
(or) WIFE of	22. I HEREBY CERTIFY, That I atten-	
(1 Mr. 0 1/15/1/22	, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on	; death is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
2 Texto profession or particular	were as follows:	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	700 00000000000000000000000000000000000	
9. Industry or business in which	- va pvapa uoo	1 10 2001/
work was done, as SILK MILL, SAW MILL, BANK, etc	mother had Tuberculose)
- 10 spencin (month and	when Child was from	
year) occupation	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Charle lond	Probably	
(State or country)	mal milrilian-	
13. NAME Howard William RD		
13. NAME Joward William Keb 14. BIRTHPLACE (city or town) (State or country)	Name of operation	of
(State of County)	What test confirmed diagnosis? Was there	an autopsy?
15. MAIOEN NAME Country 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the follo	wing:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT Desse the (Address) Rev Plata ma	(Specify city or town, county and Specify whether injury occurred In INOUSTRY, in HDME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Dacued Heart Date June 3 19 33	Nature of injury	
19. UNDERTAKER yeonge 4 Jones (Address) ha Black ma	24. Was disease or Injury in any way related to occupation of deceased? If so, specify	200
20. FILED Jame 2 19 33 Rillian Mosey.		than M.D.
76	27.01.1.0	

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDI	ITIONAL SPACE	FOR FURT	HER STATE	EMENTS BY I	PHYSICIAN	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (16049)
1. PLACE OF DEATH	(23)
County Charles	Registration Dist. No. / O
Village or City(keas) La Plata	No. St., Ward
Length of residence in city or town where daath occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Victoria Boul ?	Cee
(a) Residence: No. La Plata le	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Colored	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Howard Lee.	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Rec 15- 1906	1 lest saw h. Od. alive on May 15 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and the part of the stated above, and the stated above, are stated above, and the stated above, and the stated above, and the stated above, are stated above, and the stated above, are stated above, and the stated above, and the stated above, are stated above, and the stated above, are stated above,
26 5 16 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Housewefe	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Velle I whimmary therewillows.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
06.00 8.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Premiucy -
	- vagamey -
	Name of operation Date of
(State or country)	Name of operation
15. MAIDEN NAME alies Hungerhard	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Bessie Bond- (Address) La Dlata mg-	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dacud New Date House 3, 1933	Nature of Injury
19. UNDERTAKER & LUZIE & Jones (Address)	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED June 200 33 Rellian Cose, Registra	(Signed) La Plata Mel.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows		The principal cause of death and related causes Dai of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Man of				
Other contributory causes of importance;	19911	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
N.A.				

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0	Every it	CIANS
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N.G.	ENT RI	TLY.
BINDI	ERMAN	EXAC
FOR	IS A F	stated
ED	HIS	pe
SERV	NK-T	plnods
1 RES	ING I	AGE
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	WITH	efully.
	LY,	cal
D	PLAIN	ould be
	LITE	on sh
-	-WR	mati

stated EXACTLY. properly classified.

certificate.

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See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

B.—WRITE

V. S. No. 1

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEA	TH			<u> </u>		
	County Charles					Registration Dist. No. 10	2	
	Village or City Welcome					No St Ward		
					()1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2	. FULL NAM	NE	Stillb	orn Med	ling			
	(a) Residence	e: No	Welc	OME (Usual place	of abode)	St., Ward. If nonresident give city or town and	State	
	PERSON	AL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)						21. DATE OF DEATH June 18 (Month) (Day)	, 1933(Year)	
5e.	If married, widowe HUSBAND of	ed, or div	orced					
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended		
	DATE OF BIRTH (month de	u and wast	June 18	3. 1933			
-	AGE Year		Months	Deys	If LESS than	to have occurred on the date stated ebove, atm.	. , death is seld	
					1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance		
z	8. Trede, profes	sion, or p	articular		1 01	were as follows:	Date of enset	
110			as SPINNER, EPER, etc			Stillborn		
1PA	9. Industry or b work was	usiness li done, as	n which SILK MILL, etc					
OCCUPATION	SAW MILI 10. Date decease			11 Total t	ima (vaars)			
0	this occupation (month and spent i			spe occi	nt in this upation			
12.	BIRTHPLACE (city		Wel	come		Other Contributory Causes of Importance:		
ER	13. NAME	E	rnest W	illiam N	Medding			
FATHER	14. BIRTHPLACE (city or town) Chas Co.					Name of operation		
	(State or country)					What test confirmed diagnosis? Wes there an e		
ER	15. MAIDEN NAME Elizabeth Posey					23. If death was due to external causes (VIOLENCE) fill In also the following		
MOTHER	16. BIRTHPLACE (city or town) Chas. Co. (State or country)		Accident, suicide, or homicide? Date of injury, 19					
17. INFORMANT					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury			
	Place			Date	, 19	Nature of injury		
19. UNDERTAKER(Addiess)				***********		24. Was disease or injury In any way related to occupation of deceased?		
20.	FILED.	1-0-11	19	D 4/2	Registrar.	(Signed) (Address) Donoaster In	1 100	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7000			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE

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V. S. No.

certificate.

See instructions on back

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Every

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06050
1. PLACE OF DEATH	- (Pa)
County Charles	Registration Dist. No.
2001-	
	ND. St., Ward f death occurred in a hospital or iostitution, give its NAME instead of street and oumber)
Length of residence In city or town where deeth occurred 2-yrsmos	ds. How long in U.S. il ol loreign birth?yrsmosds.
2. FULL NAME John Oscar Lucen	
(a) Residence: No. Welcome Port Office	- St., Ward.
(Usual place of abode)	If nonresideot give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrightha word)	21. DATE OF DEATH
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from
3 40 1040	, 19, to, 19, 19
5. DATE OF BIRTH (month, day, and year) Mary 2-8, 1908	I last saw h elive on , 19 ; death is said
AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
25 - 14 ormin.	were as follows: accidental drowning Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BODKKEFFER, etc.	accidental wishining
9. Industry or business in which	W AD
work was done, as SILK MILL, Farm	J
10. Data deceased last worked et this occupation month and spant in this	N /J
year) year) occupation all off	Dther Contributory Canto of importance:
2. BIRTHPLACE (city or town)	July 20
(State or country) Charles Co. Md.	
13. NAME John Lucen	
(State or country)	Name of operation
(Otate or country) A MAINVOA A	What test confirmed disquests?

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town, (Stata or country) 17. INFORMANT (Address) 18 BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

Accident, suicide, or homicide (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupetion of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH No birth County be stated **EXACTLY** be properly classified. ECORD of certificate. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE | 5 SINGLE. peq PERMAN MARRIED. instructions on back WIDOWED it may OR DIVORCED (Write the word) 6 DATE OF BIRTH thati V (Month) (Day) (Year) 80 7 AGE If LESS than poliddns l day hrs.ds. or ... min. ? 99 8 OCCUPATION plain t (a) Trade, profession or carefully particular kind of work. (b) General nature of industry importan business, or establishment in ī which employed or (employer).... 9 BIRTHPLACE (State or country OF DEA Very should 10 NAME OF FATHER Every Item of Information of CIANS should state CAUSE statement of OCCUPATION ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(Informant)

15

Filed

PINDING

FOR

RESERVED

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	DE DEATH
16 DATE OF DEATH	
Aun	10 1133
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That Late	ended the deceased from
Did restor alle	, 192
that I last saw h M. alive on June	acard, 192,
and that death occurred on the date stated	above, atm.
The CAUSE OF DEATH A was as follows:	
Dud Sudden	ly
Tuesher al de m	2-03 60
	www.
(Duration)	yra
Contributory Cycessere	Reat
	•
(Duration)	yrsmosds.
(Signed)	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry; and (2) whether
	als, Institutions, Trans-
lents, or Recent Residents) At place	
	yrsmosda.
Where was disease contracted, if not at place of death?	
Former or nsual residence.	
19 PLACE OF BURIAL OR BEMOVAL	THE OF BURIAL
Jollan D. Centon	6/12 1933
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar (

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (u) Foreman, (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation If the occupation has been changed and children, not gainfully em-

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Corebrosginal fever (the only definite synonym is "Didemic cerebrol spinal meningitis"); Diphtheria (avoid use of "Croup") { Typhoid fever (never report "Typhoid pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia")."

head of "eontributory." (Recommendations on statement of cause of death approved by Committee on quences (e.g., scpsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by rallway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as Nomenclature of the American Medical Association.) taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Néver report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; ανοίσ inges, peritonueum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondency. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County Church	CERTIFICATE OF DEATH
	Registration Dist. No. 108
Village or City Shypherreis (No	St.: Ward) (If death occurred is a hospital or institution, give Its NAME in gland of street and grumber.)
-FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Loal SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1933 , 1933 , (Year) 1
6 DATE OF BIRTH Dea 17, 1932 (Month) (Day) (Year)	17 I HERBY CERTIFY, That I attended the deceased from 1923 to June 1923 that I last saw harmalive on June 1923
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work	Sutestional Interiles
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Faculty feeding Secondary
10 NAME OF FATHER Willeam Miles	(Signed) Harry to No. M. D. May 9 1923 (Address) Ply kence me
OF FATHER (State or country) Lohos Los Ving 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Lenva Lage 13 BIRTHPLACE OF MOTHER (State or Country) Colors Los 2009	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Vivdiname_contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mary Loge (Address) Oly her wie neg	19 PLACE OF BURIAL OR REMOVAL By Gulis Neg 1933
Filed 6/9/33 192 Eva Thopfelear Registrar	Clayal Garrey They hereinly
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborcr, Farm loborcr, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons en For many occupations a single word or term or without more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Status same on both certificate Seren ar Smallwood, See Norther under "Chappelear"

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping cough; Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

1. PLACE OF DEATH		(59)
County Allen	US ,	Registration Dist. No. 108
Village or City Length of residence In city or town whe		No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. of the word of the street and number of the street and numb
2. FULL NAME JUM	named &	etherold
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATE	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
runale Whi	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (193)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	Inne 11-33	last saw holls alive on well 1/2 - 193,2; death is said
7. AGE Years Mooths	Oays If LESS than f day, 3hrs	to have occurred on the date stated above, at B
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Premation butte-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
f O Date deceased last worked at this occupation (month and year)	ff. Totel time (yeers) spent in this occupation	
12. BfRTHPLACE (city or town) (State or country)	regardoyer .	Other Cautributary Causes of Importance:
13. NAME JOINES TY. 1	worthweld	Name of operation Oate of Oate Of
(State of country)	ma	What test confirmed diagnosis?
15. MAIDEN NAME / 16. BIRTHPLACE (city or town)	They folyester	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Alfred	Brokerald,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place	Be Date Smel 12-19 3	Manner of Injury
19. UNOERTAKER Junell &	Rysley	24. Wes diseese or injury in eny wey related to occupetion of deceased?
20. FILEO ESIN 13 3 19 Ex	Challedon	(Signed) MM Jawan M. E

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	erica van	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUILDE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocntcritis	1 year